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## APPLICANTS

Sara H. Basson, White Plains, NY;  
Dimitri Kanevsky, Ossining, NY;

\*\* CONTINUING DATA \*\*\*\*\* *none ml*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none ml.*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 03/09/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>ml</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

William E. Lewis  
RYAN, MASON & LEWIS, LLP  
90 Forest Avenue  
Locust Valley, NY 11560

## TITLE

Universal closed caption portable receiver

<b>FILING FEE RECEIVED</b> 1344	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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